

CHILD ANNUITANT'S SCHOOL CERTIFICATION

Form Approved
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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO: Defense Finance and Accounting Service, US Military Annuitant Pay, PO Box 7131, London, KY 40742-7131

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Sections 1435 and 1447; and E.O. 9397.

PRINCIPAL PURPOSE(S): The Defense Finance and Accounting Services (DFAS) uses this information to determine the continued eligibility of child annuitants who are receiving annuity payments from the Survivor Benefit Plan (SBP) or Reserve Component Survivor Benefit Plan (RCSBP). Once the child annuitant reaches age 18, it must be verified that the child is attending school full-time in order for DFAS to continue making the annuity payments.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records, or information contained therein, may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Internal Revenue Service, the Department of Veterans Affairs, or trustees or guardians of survivors (children). It may also be disclosed for any of the "Blanket Routine Uses" as published at the beginning of the DFAS compilation of systems of record notices.

DISCLOSURE: Voluntary; however, if DFAS does not receive this information, the annuity payments will stop.

WARNING

Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).

SECTION I - IDENTIFICATION INFORMATION

- | | |
|---|---|
| 1. MEMBER'S SSN | 2. MEMBER'S NAME (Last, First, Middle) |
| 3. ANNUITANT'S SSN | 4. ANNUITANT'S NAME (Last, First, Middle) |
| 5. IF UNDER AGE OF MAJORITY, NAME OF LEGAL REPRESENTATIVE | |

SECTION II - STUDENT'S CERTIFICATION (To be completed by child annuitant)

A separate certification will be required for each term/semester in which the school year is divided. Payments to students continue during an interval between school terms/semesters that does not exceed 150 days if they demonstrate to the satisfaction of the DFAS Center that they have a bona fide intention of resuming or continuing a full-time course of study or training. Failure to provide a completed certification form may result in suspension of the annuity.

Please complete this section and have Section III and Section IV (on back) completed by a school official. **NOTE: School official may not certify attendance any earlier than 30 days prior to the end of the school semester.** Return all sections of this form to Defense Finance and Accounting Service, US Military Annuitant Pay, PO Box 7131, London, KY 40742-7131.

6. DATE OF BIRTH (YYYYMMDD)		7. ARE YOU MARRIED? (X one. If YES, attach copy of marriage certificate.)	
		YES	NO
8. ARE YOU CURRENTLY ATTENDING SCHOOL FULL TIME? (X one. NOTE: If on semester break, X "NO".)			
YES (Complete Items 9 and 10 or 9 and 11.)		NO (Go to Item 12.)	
9.a. NAME OF SCHOOL	b. ADDRESS (Include ZIP Code)	10. IF HIGH SCHOOL, EXPECTED DATE OF COMPLETION (YYYYMMDD)	
c. TELEPHONE NO. (Include Area Code)		11. IF OTHER THAN HIGH SCHOOL:	
		a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)	b. DATE TERM/SEMESTER ENDS (YYYYMMDD)
		(Go to Item 15)	
12. IF NOT CURRENTLY ATTENDING SCHOOL FULL TIME:		13. IF HIGH SCHOOL, DATE OF COMPLETION (YYYYMMDD)	
a. NAME OF LAST SCHOOL ATTENDED	b. ADDRESS (Include ZIP Code)	14. IF OTHER THAN HIGH SCHOOL:	
c. TELEPHONE NO. (Include Area Code)		a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)	b. DATE TERM/SEMESTER ENDED (YYYYMMDD)
		(Go to Item 15)	
15. DO YOU PLAN TO ATTEND SCHOOL FULL TIME DURING THE NEXT 150 DAYS? (X one)			
YES (Complete Items 16 through 19.)		NO (Complete Items 18 and 19.)	
16.a. NAME OF SCHOOL	b. ADDRESS (Include ZIP Code)	17a. DATE TERM/SEMESTER WILL BEGIN (YYYYMMDD)	b. DATE TERM/SEMESTER WILL END (YYYYMMDD)
c. TELEPHONE NO. (Include Area Code)			
18. SIGNATURE OF ANNUITANT OR LEGAL REPRESENTATIVE			19. DATE SIGNED
REMEMBER TO OBTAIN SCHOOL OFFICIAL'S CERTIFICATION (on back)			

SECTION III - SCHOOL OFFICIAL'S CERTIFICATION OF CURRENT ATTENDANCE <i>(This section MUST be completed by a school official.)</i> (NOTE: School official may not certify attendance earlier than 30 days prior to the end of the school semester.)		
20. IS THE STUDENT ENROLLED IN A FULL-TIME COURSE OF RESIDENT STUDY OR TRAINING? <i>(Correspondence course does not qualify. A full-time course of study is a student enrolled on a full-time basis for the entire semester or quarter. If child is not attending full-time, mark "NO".)</i>		
<input type="checkbox"/> YES <i>(Sections III and IV must be completed)</i>	<input type="checkbox"/> NO <i>(See Section IV for past attendance)</i>	
21. DATE PRESENT SCHOOL TERM		22. TYPE OF EDUCATIONAL INSTITUTION <i>(X one)</i>
a. BEGINS <i>(YYYYMMDD)</i>	b. ENDS <i>(YYYYMMDD)</i>	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> OTHER THAN HIGH SCHOOL
SECTION IV - SCHOOL OFFICIAL'S CERTIFICATION OF PAST ATTENDANCE <i>(This section MUST be completed by a school official.)</i>		
	23. STUDENT ATTENDED HIGH SCHOOL. GRADUATION DATE <i>(YYYYMMDD)</i>:	
	24. STUDENT ATTENDED SCHOOL OTHER THAN HIGH SCHOOL FULL-TIME FOR THE ENTIRE TERM THAT ENDED APPROXIMATELY <i>(YYYYMMDD)</i>:	
	25. STUDENT DID NOT ATTEND SCHOOL. TO THE BEST OF YOUR KNOWLEDGE THE LAST DAY THE STUDENT ATTENDED SCHOOL FULL-TIME WAS <i>(YYYYMMDD)</i>:	
26. SCHOOL OFFICIAL		
a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. TELEPHONE NUMBER <i>(Include Area Code)</i>
d. SIGNATURE		e. DATE SIGNED
27. REMARKS		